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## BIB DATA SHEET

CONFIRMATION NO. 7327

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/591,203	06/22/2007	424	1645	235.0155 0101		
<b>RULE</b>						
<b>APPLICANTS</b> Robert J. Maier, Athens, GA; John S. Gunn, Powell, OH; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US2005/006638 02/28/2005 which claims benefit of 60/549,306 03/02/2004 and claims benefit of 60/604,846 08/26/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/10/2008						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /S. DEVI/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance /SD/ Initials	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 17 3	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MUETING, RAASCH & GEBHARDT, P.A. P.O. BOX 581336 MINNEAPOLIS, MN 55458-1336 UNITED STATES						
<b>TITLE</b> Hydrogenase deficient bacterial strains						
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		